

Commonwealth of Massachusetts

Division of Fisheries and Wildlife Attn: Collection Permits
Route 135, North Drive, Westborough, MA 01581

APPLICATION FOR COMMERCIAL SCIENTIFIC **COLLECTION PERMIT:**

This Permit Application is for the Scientific Collection of:

<input type="checkbox"/> Mammals	\$100.00
<input type="checkbox"/> Birds	\$100.00
<input type="checkbox"/> Reptiles & Amphibians	\$100.00
<input type="checkbox"/> Fish	\$100.00
<input type="checkbox"/> Invertebrates	\$100.00
<input type="checkbox"/> Plants	\$100.00

If this application is for birds, do you have a Migratory Bird Permit? Y___ N___

If yes, give Permit Number: _____

PLEASE SUBMIT SEPARATE APPLICATIONS FOR EACH TAXONOMIC GROUP
PLEASE MAKE CHECKS PAYABLE TO COMMONWEALTH OF MASSACHUSETTS
PROVIDE ATTACHMENTS IF EXTRA SPACE IS NEEDED

NAME: _____ DATE OF BIRTH: _____

HOME ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: _____ EMAIL: _____

**STATE SPECIFICALLY THE NUMBER AND SPECIES OF ANIMALS OR PLANTS
TO BE COLLECTED AND/OR POSSESSED:**

IS THIS COLLECTION/POSSESSION BEING UNDERTAKEN IN RELATION TO A PROPOSED PROJECT THAT HAS BEEN OR WILL BE UNDERGOING AN NHESP RARE SPECIES REGULATORY REVIEW? Y____ N____

IF YES, NHESP TRACKING NUMBER: _____

DID YOU HAVE A NHESP APPROVED SURVEY PROTOCOL? Y____ N____

Note: A NHESP approved survey protocol may be required for regulatory review.

INSTITUTION TO WHICH COLLECTED SPECIMENS WILL BE DONATED:

STATE SPECIFICALLY WHERE COLLECTIONS WILL BE MADE:

Attach a copy of a USGS topographic map in the scale of 1:24,000 or 1:25,000 (not copy reduced) with the site location clearly marked and centered on the page

DESIRED START DATE: _____

STATE YOUR QUALIFICATIONS AND ENCLOSE AN OUTLINE OF YOUR PROPOSED STUDY INCLUDING SITE SPECIFIC METHODOLOGY AND SURVEY PROTOCOLS:_____

NAME(S) OF ANY SUBPERMITTEE(S):_____

Please re-check to assure that all questions have been answered completely.

Failure to follow directions will slow or delay processing of this application.

I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE OF APPLICANT

DATE

Note: Permit will expire on December 31 of a given year